

Montana Medicaid – Fee Schedule **Proposed Draft_052013**
Non-Emergency Specialized Transportation
July 1, 2013

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
For example:
26 = professional component
TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA	Notes
A0100		NONEMERGENCY TRANSPORT PER MILE	7/1/2013	FEE SCHED	\$1.06	Y	>16 Miles
A0140		NONEMERGENCY TRANSPORT BASE	7/1/2013	FEE SCHED	\$12.61	Y	< 16 Miles